

Fill in this information to identify the case:

United States Bankruptcy Court for the:  
**Northern** District of **Georgia**  
(State)  
Case number (if known): \_\_\_\_\_ Chapter **7** \_\_\_\_\_

Check if this is an amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the Bankruptcy Code

Check one:

Chapter 7  
 Chapter 11

Part 2: Identify the Debtor

2. Debtor's name

The Radiology Group, LLC

3. Other names you know the debtor has used in the last 8 years

\_\_\_\_\_

Include any assumed names, trade names, or doing business as names.

\_\_\_\_\_

4. Debtor's federal Employer Identification Number (EIN)

Unknown

EIN — — — — —

5. Debtor's address

Principal place of business

3475 Piedmont Rd NE

Number Street

Suite 1150

Atlanta

City

GA

State

30305

ZIP Code

Mailing address, if different

Number Street

P.O. Box

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

Debtor

The Radiology Group, LLC

Name

Case number (if known) \_\_\_\_\_

|   |  |  |  |
|---|--|--|--|
| 6. Debtor's website (URL)   | www.theradiologygroup.org  |  |  |
| 7. Type of debtor   | <input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))<br><input type="checkbox"/> Partnership (excluding LLP)<br><input type="checkbox"/> Other type of debtor. Specify: _____   |  |  |
| 8. Type of debtor's business  | <i>Check one:</i><br><input checked="" type="checkbox"/> Health Care Business (as defined in 11 U.S.C. § 101(27A))<br><input type="checkbox"/> Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))<br><input type="checkbox"/> Railroad (as defined in 11 U.S.C. § 101(44))<br><input type="checkbox"/> Stockbroker (as defined in 11 U.S.C. § 101(53A))<br><input type="checkbox"/> Commodity Broker (as defined in 11 U.S.C. § 101(6))<br><input type="checkbox"/> Clearing Bank (as defined in 11 U.S.C. § 781(3))<br><input type="checkbox"/> None of the types of business listed.<br><input type="checkbox"/> Unknown type of business.  |  |  |
| 9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor? | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Debtor _____ Relationship _____<br>District _____ Date filed _____ MM / DD / YYYY Case number, if known _____<br>Debtor _____ Relationship _____<br>District _____ Date filed _____ MM / DD / YYYY Case number, if known _____   |  |  |
| Part 3: Report About the Case   |  |  |  |
| 10. Venue   | <i>Check one:</i><br><input checked="" type="checkbox"/> Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.<br><input type="checkbox"/> A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.   |  |  |
| 11. Allegations   | <p>Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).<br/>The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).</p> <p><i>At least one box must be checked:</i></p> <p><input checked="" type="checkbox"/> The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.<br/><input type="checkbox"/> Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.</p> |  |  |
| 12. Has there been a transfer of any claim against the debtor by or to any petitioner?                                    | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).   |  |  |

Debtor

The Radiology Group, LLC

Name

Case number (if known) \_\_\_\_\_

| 13. Each petitioner's claim  | Name of petitioner               | Nature of petitioner's claim | Amount of the claim above the value of any lien |
|------------------------------|----------------------------------|------------------------------|---|
|                              | see attached list of 6 creditors | unsecured debt               | \$ _____  |
|                              |                                  |                              | \$ _____  |
|                              |                                  |                              | \$ _____  |
| Total of petitioners' claims |                                  |                              | <b>\$ 798,332.03</b>                            |

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

**Part 4: Request for Relief**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

**Petitioners or Petitioners' Representative**

**Name and mailing address of petitioner**

Dr. Stewart Dixon Gilbert, Jr.

Name

1378 Rock Springs Circle NE

Number Street

Atlanta

GA

30306

City

State

ZIP Code

**Name and mailing address of petitioner's representative, if any**

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/28/2023  
MM / DD / YYYY

**✓/s/ Stewart Dixon Gilbert, Jr., MD**

Signature of petitioner or representative, including representative's title

**Attorneys**

**Jason L. Pettie**

Printed name

**Taylor English Duma, LLP**

Firm name, if any

1600 Parkwood Circle, Suite 200

Number Street

Atlanta

GA

30339

City

State

ZIP Code

Contact phone 770-434-6868 Email jpettie@taylorenglish.comBar number 574783State Georgia

**✓/s/ Jason L. Pettie**

Signature of attorney **Attorneys for all Petitioners**

Date signed 09/28/2023  
MM / DD / YYYY

Debtor \_\_\_\_\_

Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Name and mailing address of petitioner**

Dr. Justin Pham

Name \_\_\_\_\_

10 Torrey Pines Lane

Number Street \_\_\_\_\_

Newport Beach CA

92660

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

**Name and mailing address of petitioner's representative, if any**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/28/2023

MM / DD / YYYY

**x/s/ Justin Pham, MD**

Signature of petitioner or representative, including representative's title

Printed name \_\_\_\_\_

Firm name, if any \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

Bar number \_\_\_\_\_

State \_\_\_\_\_

**x**

Signature of attorney

Date signed

MM / DD / YYYY

**Name and mailing address of petitioner**

Dr. Patricia Silva

Name \_\_\_\_\_

1159 Hipoint Street

Number Street \_\_\_\_\_

Los Angeles CA

City \_\_\_\_\_

State \_\_\_\_\_

90035

ZIP Code \_\_\_\_\_

**Name and mailing address of petitioner's representative, if any**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/28/2023

MM / DD / YYYY

**x/s/ Patricia Silva, MD**

Signature of petitioner or representative, including representative's title

Printed name \_\_\_\_\_

Firm name, if any \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

Bar number \_\_\_\_\_

State \_\_\_\_\_

**x**

Signature of attorney

Date signed

MM / DD / YYYY

Debtor \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Name and mailing address of petitioner**

Dr. Russell Weinstein

Name

8 Soundside Lane

Number Street

Glen Cove NY 11542

City

State

ZIP Code

**Name and mailing address of petitioner's representative, if any**

Name

Number Street

City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/28/2023  
MM / DD / YYYY

**✗ /s/ Russell Weinstein, MD**

Signature of petitioner or representative, including representative's title

Printed name \_\_\_\_\_

Firm name, if any \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

Bar number \_\_\_\_\_

State \_\_\_\_\_

✗

Signature of attorney \_\_\_\_\_

Date signed

MM / DD / YYYY

**Name and mailing address of petitioner**

Dr. Qazi F. Uddin

Name

1407 Balderston Court

Number Street

Leesburg VA 20176

City

State

ZIP Code

**Name and mailing address of petitioner's representative, if any**

Name

Number Street

City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/28/2023  
MM / DD / YYYY

**✗ /s/ Qazi F. Uddin, MD**

Signature of petitioner or representative, including representative's title

Printed name \_\_\_\_\_

Firm name, if any \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

Bar number \_\_\_\_\_

State \_\_\_\_\_

✗

Signature of attorney \_\_\_\_\_

Date signed

MM / DD / YYYY

Debtor \_\_\_\_\_  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Name and mailing address of petitioner**

Dr. Abbas Chamsuddin

Name \_\_\_\_\_

3322 SE River Vista Drive

Number Street \_\_\_\_\_

Port St. Lucie FL 34952  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Name and mailing address of petitioner's representative, if any**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/28/2023  
MM / DD / YYYY

**✓/s/ Abbas Chamsuddin, MD**

Signature of petitioner or representative, including representative's title

Printed name \_\_\_\_\_

Firm name, if any \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

Bar number \_\_\_\_\_

State \_\_\_\_\_

✗

Signature of attorney

Date signed

MM / DD / YYYY

**Name and mailing address of petitioner**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Name and mailing address of petitioner's representative, if any**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on MM / DD / YYYY

✗

Signature of petitioner or representative, including representative's title

Printed name \_\_\_\_\_

Firm name, if any \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

Bar number \_\_\_\_\_

State \_\_\_\_\_

✗

Signature of attorney

Date signed

MM / DD / YYYY

Debtor: The Radiology Group, LLC

Question 13. Each petitioner's claim

| Name of petitioner             | Nature of petitioner's claim             | Amount of the claim above the value of any lien |
|--------------------------------|--|---|
| Dr. Stewart Dixon Gilbert, Jr. | Unsecured debt for professional services | \$185,822.53                                    |
| Dr. Abbas Chamsuddin           | Unsecured debt for professional services | \$235,633.14                                    |
| Dr. Qazi F. Uddin              | Unsecured debt for professional services | \$48,204.36                                     |
| Dr. Justin Pham                | Unsecured debt for professional services | \$75,756.00                                     |
| Dr. Patricia Silva             | Unsecured debt for professional services | \$80,500.00                                     |
| Dr. Russell Weinstein          | Unsecured debt for professional services | \$172,416.00                                    |

Total of petitioner's claims \$ 798,332.03